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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Docket Number (Optional)  <b>033082M301</b>
Application Number <b>10/568,883</b>		Filed <b>February 17, 2006</b>
For <b>SUBSTRATE HOLDING STRUCTURE AND SUBSTRATE PROCESSING APPARATUS</b>		Examiner <b>Ram Kackar</b>
Art Unit <b>1792</b>		
<b>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</b>		
<b>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</b>		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to		
Deposit Account Number <u>02-4300</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,263</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <small>Registration number if acting under 37 CFR 1.34. _____</small>	
 <b>Signature</b> <b>Michael A. Makuch</b>		<u>August 15, 2008</u> <b>Date</b> <b>(202) 263-4300</b>
Type or printed name  <b>Total of _____ forms are submitted.</b>		Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		